

## **Washington State – Integrated Community Mental Health Program**

### **Section G. Complaints, Grievances, and Fair Hearings**

- 1) MCOs/PHPs are required to have an internal grievance procedure approved in writing by the State agency, providing for prompt resolution of issues, and assuring participation of individuals with authority to order corrective action. The procedure allows an enrollee or a provider on behalf of an enrollee to challenge the denial of coverage of, or payment for services as required by 1932(b)(4) of the Act.
- 2) States are required to provide Medicaid enrollees with access to the State fair hearing process as required under 42 CFR 431 Subpart E, including:
  - informing Medicaid enrollees about their fair hearing rights in a manner that assures notice at the time of an action,
  - ensuring that enrollees may request continuation of benefits during a course of treatment during an appeal or reinstatement of services if State takes action without the advance notice and as required in accordance with State Policy consistent with fair hearings. The State must also inform enrollees of the procedures by which benefits can be continued for reinstated, and
  - other requirements for fair hearings found in Subpart E.

#### **I. Definitions:**

##### **Previous Waiver Period**

a. \_\_\_\_\_ During the last waiver period, complaints and grievances were defined differently than described in the waiver governing that period. The differences were:

**Upcoming Waiver Period** – Please identify any responses that reflect a change in program from the previous waiver submittal(s) by placing two asterisks (i.e., "\*\*") after your response.

a. Please provide definitions used by the State for complaint, grievance, or appeal.

WAC 388-865-0255 defines complaints and grievances as: "A complaint is defined as a verbal statement of dissatisfaction with some aspect of mental health services. A grievance is a written request that a complaint be heard and adjudicated, usually undertaken after attempted resolution of a complaint fails."

**Appeal:** This term applies specifically to an expression of dissatisfaction that involves any authorization or denial of services, which will generally be pursued at the Contractor level and which may be pursued at the RSN or state administrative hearing level.

Per the Grievance template MHD is issuing with its 01-03 contract:

**Administrative Hearing means:** A hearing conducted through the auspices of the state Office

## **Washington State – Integrated Community Mental Health Program**

of Administrative Hearings in accordance with WAC 388-02. The term fair hearing is synonymous with administrative hearing.

Fair hearing is defined in WAC 388-02, which is attached to our last waiver renewal.

b. Please describe any special processes that the State has for persons with special needs.

### **II. State Requirements and State Monitoring Activities:**

#### **Previous Waiver Period**

a. \_\_\_\_\_ During the last waiver period, the grievance standards or State monitoring were different than described in the waiver governing that period. The differences were:

b. x [Required for all elements checked in the previous waiver submittal] Please provide results from the State's monitoring efforts, including a summary of any analysis and corrective action taken with respect to complaints, grievances and fair hearings for the previous waiver period [items G.II.a and G.II.b of the 1999 initial preprint; as applicable in 1995 preprint]. Also, please provide summary information on the types of complaints, grievances or fair hearings during the previous two-year period following this addendum. Please note how access and quality of care concerns were addressed in the State's Quality Improvement Strategy.

The monitoring results of complaints, grievance and fair hearings were developed over the last waiver period. There is difficulty in identifying trends as the reporting across RSNs was somewhat different from the beginning under our last waiver renewal request through the first cycle of ongoing reports. The difference was both in the time periods and the way complaints and grievance were identified. That reporting difference was corrected however, there is still not enough information to show trends and anomalies. To date, MHD has understood that RSNs are still in the process of learning to report consistently about complaints, grievance and fair hearings that occur in their part of the state. In the coming six-month period, MHD will more clearly establish a set of definitions of terms commonly used in reporting. Instructions will be re-written for clarity and be re-issued to the RSN following a review and comment period of draft instructions. Individual RSNs will be contacted and asked to understand and comment on anomalies reported, e.g. a significant increase or decrease in a particular reporting category from one time period to another. RSNs will also be asked to assist in the process of establishing a basis of comparison of performance across RSNs and of establishing a method to incorporated the review of complaints, grievances and fair hearings into the local quality management process.

In Attachment GIIb, you will find the summary of complaints, grievances and fair hearings by type. As described above the MHD encourages complaints as a manner in which to

## Washington State – Integrated Community Mental Health Program

understand changes needed in the system and also as a sign of growing consumer voice and trust in the system. The division will continue to develop trends and benchmarks for when these numbers should concern us.

c. Please mark any of the following that apply:

1. ☒ ~~A hotline was maintained which handles any type of inquiry, complaint, or problem. A separate toll free number to the Ombuds is maintained as well as informational brochures to access the Ombuds.~~

2. ☒ Following this section is a list or chart of the number and types of complaints and/or grievances handled during the waiver period.

The MHD continues to believe that it is a sign of growing trust in the system that complaints and grievances exist. As stated early on in this document, a parent of a child receiving services was acting as a panel presenter and made the following comment, "It is good for the system and the providers to receive complaints, if they do not, how will they know what to correct to make the system better. They will listen to us and respond when given the chance." To date the analysis of RSN complaints, grievance and fair hearings shows that it is too soon to clearly define trends. The first report period was a full year. The second report periods were six months long. The gap in reporting periods has been extended to assure proficiency in reporting or in analyzing date. MHD will review date for apparent errors or lapses in reliability as they are received in the future. When data is considered reliable, MHD will more closely analyze data in cooperation with specific RSNs. Additionally, MHD contacted CMS to be able to compare the numbers with those seen nationally in programs like ours to allow the MHD to have benchmarks and a clear understanding of when these numbers should begin to alarm us. We found that these numbers are not available at CMS or anywhere else we looked.

As part of the special terms and conditions on the existing waiver, the MHD has collected complaint, grievance, fair hearing and disenrollment. The reports on those terms and conditions have been forwarded to CMS per the requirement. This report to the MHD will continue throughout this waiver renewal period.

The MHD did maintain a phone log for the first biennial quarter of the last waiver period to track the number of complaints it received regarding care and access. This number was very small. For the most part they were information/general requests about the public mental health system in general and/or what services could be made available for their children when their private insurance had run out and they did not qualify to CHIP services due to their income level. There were very few calls on specific cases and for those few, the MHD was either able to assist them or refer them to the proper RSN contact.

3. ☒ There is consumer involvement in the grievance process. Please

## Washington State – Integrated Community Mental Health Program

describe.

Ombuds are, for the most part, consumers or past consumers of the mental health system. Ombuds assist the consumer through the entire process. Please see WAC 388-865-0250.

**Upcoming Waiver Period** – For items a. and b. of this section, please identify any responses that reflect a change in program from the previous waiver submittal(s) by placing two asterisks (i.e., "\*\*") after your response. Please check any State requirements and State monitoring activities in effect for MCO/PHP grievance processes.

### a. Required Complaints, Grievances, and Fair Hearings Elements:

1.   x   The State requires MCO/PHPs to have a written internal grievance procedure, providing for prompt resolution of issues and assuring participation of individuals in authority.

2.   x   The MCO/PHP grievance process is approved by the State prior to its implementation.

3.   x   An MCO/PHP enrollee can request a State fair hearing under the State's Fair Hearing process. Please explain how, under what circumstances (i.e., direct access or exhaustion), and when an enrollee can access the State Fair Hearing process \_\_\_\_\_

The right to access the fair hearing process is included in the information provided to individuals upon becoming eligible to receive Medicaid services. Enrollees are also notified by the RSNs through brochures that explain their services including their right to a fair hearing and to assistance from the Ombuds. The mental health system is averaging between ten and twelve fair hearing requests per year.

WAC 388-865-0340 describing disenrollment rights requires, if the consumer's request to disenroll is denied, by MHD, the notice will include the consumer's right to request a fair hearing, how to request a fair hearing, and how the consumer may access Ombuds services in his/her area.

4.   X   Enrollees are informed about their fair hearing rights at the time of Medicaid eligibility determination and at the time of any action as defined in 42 C.F.R. 431 Subpart E.

5.   X   The State ensures that enrollees may request continuation of benefits or reinstatement of services during a course of treatment during a fair hearing appeal. The State informs enrollees of the procedures by which benefits can be continued or reinstated.

## Washington State – Integrated Community Mental Health Program

RSNs are required to continue to provide services to an individual during a grievance or fair hearing process both through WAC and contract.

This is also required by the MHD grievance template, Continuation of Benefits with Appeal and Fair Hearing are Pending attached as Attachment C1a. The enrollee is to be advised that they may be required to re-pay the costs of benefits if their appeal is not upheld.

6. ☒ Enrollees are informed about their complaint, grievance, and fair hearing rights at the time of MCO/PHP enrollment and/or on a periodic basis thereafter. Please specify how and through what means enrollees are informed.

Brochures must be available to enrollees that spell out their rights to grievance and fair hearing. These brochures must be available in locations assessable to enrollees. Additionally, consumer rights must be posted and or provided to at first contact to consumers. When Medicaid eligibility is determined enrollees receive notice at their first visit detailing their right to a fair hearing. Brochures (including marketing brochures) are available in Attachment Ib3 arranged by RSN.

### b. Optional Complaints, Grievances, and Fair Hearings Elements:

1. ☒ The internal grievance procedure required by the State is characterized by the following (please check any of the following optional procedures that apply to the State's required grievance procedure):

(a) ☒ The MCO/PHP governing body approves the grievance procedure *before submittal to the MHD for its approval* and is responsible for the effective operation of the grievance process.

(b) ☒ The governing body or its delegated grievance committee reviews and resolves complaints and grievances. If the State has any committee composition requirements please list \_\_\_\_\_

(c) ☒ Reviews requests for reconsideration of initial decisions not to provide or pay for a service.

(d) ☒ Specifies a time frame from the date of action for the enrollee to request a grievance resolution or fair hearing. Specify the time frame \_\_\_\_

### WAC 388-865-0255 Consumer grievance process

The regional support network must develop a process for reviewing consumer complaints and grievances. A complaint is defined as a verbal statement of dissatisfaction with some aspect of mental health services. A grievance is a written request that a complaint be heard and adjudicated usually undertaken after attempted resolution of a complaint fails. The process must be submitted to the mental health division for written approval and incorporation into

## Washington State – Integrated Community Mental Health Program

the agreement between the regional support network and the mental health division. The process must:

- (1) Be age, culturally and linguistically competent;
- (2) Ensure acknowledgment of receipt of the grievance the following working day. This acknowledgment may be by telephone, with written acknowledgment mailed within five working days;
- (3) Ensure that grievances are investigated and resolved within thirty days. This timeframe can be extended by mutual written agreement, not to exceed ninety days;
- (4) Be published and made available to all current or potential users of publicly funded mental health services and advocates in language that is clear and understandable to the individual;
- (5) Encourage resolution of complaints at the lowest level possible;
- (6) Include a formal process for dispute resolution;
- (7) Include referral of the consumer to the ombuds service for assistance at all levels of the grievance and fair hearing processes;
- (8) Allow the participation of other people, at the grievant's choice;
- (9) Ensure that the consumer is mailed a written response within thirty days from the date a written grievance is received by the regional support network;
- (10) Ensure that grievances are resolved even if the consumer is no longer receiving services;
- (11) Continue to provide mental health services to the grievant during the grievance and fair hearing process;
- (12) Ensure that full records of all grievances are kept for five years after the completion of the grievance process in confidential files separate from the grievant's clinical record. These records must not be disclosed without the consumer's written permission, except as necessary to resolve the grievance or to DSHS if a fair hearing is requested;
- (13) Provide for follow-up by the regional support network to assure that there is no retaliation against consumers who have filed a grievance;
- (14) Make information about grievances available to the regional support network;
- (15) Inform consumers of their right to file an administrative hearing with DSHS without first accessing the contractor's grievance process. Consumers must utilize the regional support network grievance process prior to requesting disenrollment;
- (16) Inform consumers of their right to use the DSHS prehearing and administrative hearing processes as described in chapter 388-02 WAC. Consumers have this right when:
  - (a) The consumer believes there has been a violation of DSHS rule;
  - (b) The regional support network did not provide a written response within thirty days from the date a written request was received;
  - (c) The regional support network, mental health prepaid health plan, the department of social and health services, or a provider denies services.

(e)   X   Includes time frames for resolution of grievances for MCO/PHP grievances. Specify the time frame set by the State

## Washington State – Integrated Community Mental Health Program

See above

(f)\_\_\_\_\_ Establishes and maintains an expedited grievance review process for the following reasons:\_\_\_\_\_ Specify the time frame set by the State for this process\_\_\_\_\_

(g) x Permits enrollees to appear before MCO/PHP personnel responsible for resolving the grievance.

(h) x Provides that, if the grievance decision is adverse to the enrollee, the grievance decision and any supporting documentation is forwarded to the State within a time frame specified by the State. Specify the time frame

Provide written notification to the MHD on the first day that the contractor receives a grievance that relates to any disenrollment. In accordance with the MHD disenrollment Policy 4.02 attached as Attachment GIII5c, MHD retains the right and responsibility to make disenrollment determinations. Grievances that relate to any disenrollment requests must first be considered by the contractor and completed within 15 calendar days from the date the Contractor receives the grievance. In the event the Medicaid enrollee requests disenrollment after the grievance process is complete, the Contractor shall immediately transmit a copy of the entire record of local disenrollment activities to the MHD.

(i) x The MCO/PHP acknowledges receipt of each complaint and grievance when received and explains to the enrollee the process to be followed in resolving his or her issue. If the State has a time frame for MCOs/PHPs to acknowledge complaints and grievances, please specify:

Please see WAC 388-865-0255

(j) x Gives enrollees assistance completing forms or other assistance necessary in filing complaints or grievances (or as complaints and grievances are being resolved).

(k) x Conducts grievance resolution/hearings using impartial individuals not involved in previous levels of decision making.

(l)\_\_\_\_\_ If the focus of the grievance is a denial based on lack of medical necessity, one of the reviewers is a physician with appropriate expertise in the field of medicine that encompasses the enrollee's condition or disease.

(m)\_\_\_\_\_ Bases the MCO/PHP's decision on the record of the case.

(n) x Notifies the enrollee in writing of the grievance decision and further opportunities for appeal, as well as the procedures available to challenge or appeal the decision.

**Washington State – Integrated Community Mental Health Program**

(o)\_\_\_\_\_ Upon request, provides enrollees and potential enrollees with aggregate information regarding the nature of enrollee complaints and grievances and their resolution.

(p)\_\_\_\_\_ Sets time frames for the MCO/PHP to authorize or provide a service if decision is overturned or reversed through the grievance or fair hearing process. Specify the time frame\_\_\_\_\_

(q)\_\_\_\_\_ Informs the enrollee of any applicable mechanism for resolving the issue external to the MCOs/PHPs own processes.

(r)   x   Determines whether the issue is to be resolved through the grievance process, the process for making initial determinations on coverage ~~and payment~~, or the process for resolution of disputed initial determinations.

(s)\_\_\_\_\_ Other (please explain):

2.   x   MCOs/PHPs maintain a log of all complaints and grievances and their resolution.

3.   x   MCOs/PHPs send the State a summary of complaints and grievances on at least an annual basis.

4.   x   The State requires MCOs/PHPs to maintain, aggregate, and analyze information on the nature of issues raised by enrollees and on their resolution.

5.   x   The State requires MCOs/PHPs to conduct in-depth reviews of providers or services identified through summary reports as having undesirable trends in complaints and grievances.

6.   x   The State and/or MCO/PHP have ombud programs to assist enrollees in the complaint, grievance, and fair hearing process.

7. \_\_\_\_\_ Other (please specify):



## **Attachment G.11b**

## **Analysis of Exhibit "N" Reports**

**Report Period—October 1, 2000 through March 31, 2001  
July 12, 2001**

### **GENERAL REVIEW**

There appears to have been an improvement in the consistency of reporting in the current six-month report period (hereafter referred to as quarter). This perception is supported by the fact that a greater number of RSNs provided complete information on a timely basis for both children and for adults.

A larger number of RSNs completed the forms correctly, which seems to indicate that the advisory memo sent to RSNs following the last reporting period was useful in improving reporting. For example, the total Complaints, Grievances and Fair Hearings reported was equal to the total Complaints Resolved plus Complaints Outstanding.

Additional work remains to be done to assure accuracy and consistency in reporting among RSNs. This is necessary in order to assure reliability of comparisons and establishment of standards for types of complaints and for frequency per 100,000. Relevant recommendations will be made in the Summary section of this report.

Statewide, there are relatively few grievances and virtually no fair hearings reported. The number of fair hearings reported is statistically insignificant, and the number of grievances is not much larger. For that reason, summary statistics, enclosed with this report, are compiled as one total for the three categories, and objective observations of the data will be inclusive of all three as well.

There is still insufficient data on which to establish trends and to begin to reach conclusions about what the data demonstrates. The initial report period for Exhibit N was one year. The subsequent two report periods have been six-month periods. The first report period is considered the most unreliable, as the reporting was sufficiently inconsistent as to render the reliability of the data highly questionable.

The two six-month periods appear to be more consistent in the process of reporting overall. There are two notable exceptions to this. Two large RSN appear to be submitting data inconsistently with their size. One reports higher numbers of complaints than one might expect; the other reports far fewer complaints than one might reasonably project. This will be discussed with key personnel individually. Group communication with RSNs is also planned in order to continue to promote consistency in reporting and reliability in comparisons.

One convention to be used in this report is highlighted here. The term, "significant" has a major connotation statistically. This report does not attempt to report from a statistically pure perspective. It is observational. Thus the term notable will be used to indicate where an observation should be pursued, rather than state that an observation is significant.

612

### **Children's Specific Review**

There are a smaller number of complaints related to children statewide than might be expected. There were 127 total complaints this quarter for children compared to 763 total for adults. This represents less than 15% of combined complaints, even though children comprise far higher percentages in the general and in the service population. Whatever the explanation for what appears to be an imbalance will need to be examined further.

There was a 19% decrease in the number of children related complaints, which was only a drop of 30 statewide (157 to 127). Six categories of complaints realized an increase; five had a decrease; two remained unchanged. Housing had no complaints reported in both periods; Transportation reported only one.

Only one Category statewide had a notable change. Access produced a 48.7% percentage decrease, but the total numbers fell less than 20 in going from 39 to 20.

Beginning with this report period, MHD will begin to contact individual RSNs directly when notable observations are made. If there is a large change, either an increase or a decrease, in one or more categories, MHD will correspond with the RSN to point to the change. The RSN will be requested to take steps to understand what may need to be done to address the notable observation, informing MHD of the results.

In the current quarter, only five RSNs had variances in an individual category of complaint or in total complaints to be considered. Even so, with the exception of one RSN, the change in numbers from the previous to the current quarter is quite small. The purpose of contacting those RSNs will be primarily for better understanding between MHD and those RSNs about reporting procedures.

### **Adult Specific Review**

There was a highly notable increase in the total number of complaints statewide in the current quarter from the previous. A total of 763 complaints were reported this report period compared to 520 in the last. This represents a total number of 243 more complaints or a 46.7% increase.

One category, Quality/Appropriateness, was responsible for 145 of the 243 additional complaints. That category realized the largest individual category increase for children and for adults. In the previous quarter, no complaints were reported in that category. Five RSNs accounted for 114 of the 145 Quality/Appropriateness complaints.

Across the board, there was an increase in six categories but a decrease in seven. Service Intensity displayed the second most notable gain, going from 34 to 47.

statewide or 297%. Access realized a 68.4% increase with 38 compared to 64 from the previous to the current quarter. There were almost three times as many complaints about Dignity and Respect, 26 vs. 75. The number of Rights complaints virtually doubled (93% gain), going from 43 to 83 reported. Complaints about Financial and Administrative Services did double, but there were only 19 more complaints in this category statewide. One RSN accounted for 13 of those.

Despite the fact that seven categories of complaints decreased in volume, only two are considered notable. Housing shrunk by 65% or 65 previously compared to 23 currently. Emergency Service complaints reduced almost 60%, from 59 to 25. One RSN was responsible for 49 of that category of complaint.

MHD is also compiling information on frequency of complaints per 100,000 persons. This statistical calculation attempts to provide a basis of comparison among RSNs of the rates of complaints being registered. RSNs will be encouraged to assist in the analysis of the utility of this comparison in the future.

Five RSNs had lower frequency of complaints in this quarter than previously. Four of those RSNs had general populations of 100,000. The fifth was a larger RSN and realized a decrease of 5.1 percentage points.

Four RSNs experienced an increase in the frequency of complaints per 100,000. Two of them have small general populations. Two have medium to large population bases. One of those experienced a surge of almost 20 percentages, the other a gain of 5.1%. Other RSNs realized fewer than 5% percentage point changes.

No conclusions can reasonable be reached, nor is there even sufficient data to begin to plot trends and make reliable comparisons. A foundation is, though, being built which is expected to provide for both to happen.

## Summary

To date, only three Exhibit N reports have been submitted by RSNs. One was for a period of twelve months, the other for periods of six months. Initial reviews have focused on promoting increased accuracy in reporting and in establishing a basis for comparisons and future agreements in setting standards.

This report builds on that concept. At the same time it recognizes the need for greater clarity of expectations of reporting and in potential uses of the data reported. In the current quarter (April through September, 2001), MHD will work with RSNs to establish a set of definitions of reporting terms in order to promote consistency in reporting. This will be done through consultation with the Ombuds Quality Review Oversight Committee, which provides policy guidance to MHD, and through communication with

RSN administrators, Ombuds personnel and others responsible for compiling and assuring the data is submitted.

In addition to establishing a set of definitions, MHD will work with the above named stakeholders to compile understandable instructions for reporting procedures. These will be developed in communication with and review by stakeholders. The development process will be conducted with a view toward establishing the bases of comparison among all RSNs. In the future, MHD intends to request RSNs to establish methods to assure that use of the data is incorporated into local quality management processes.

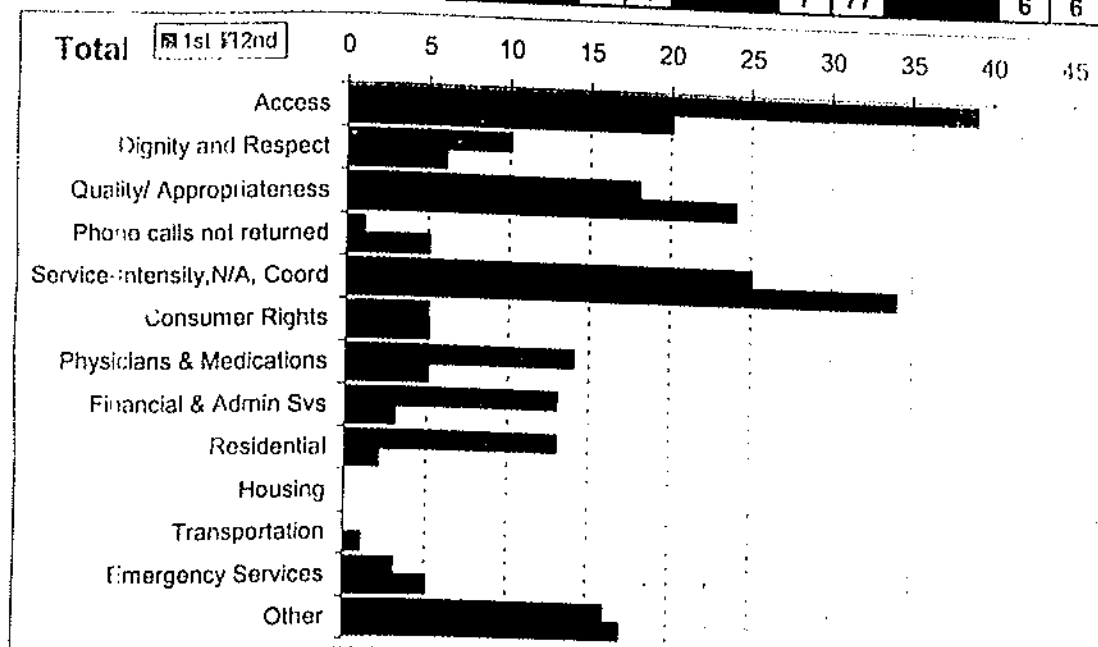
2nd is  
Oct-Mar 2001 Adults

Category	1st Survey	2nd Survey
Access	65	40
Dignity and Respect	75	25
Quality/ Appropriateness	145	10
Phone calls not returned	15	10
Service-Intensity, N/A, Coord	125	30
Consumer Rights	80	45
Physicians & Medications	55	40
Financial & Admin Svs	35	15
Residential	35	20
Housing	65	20
Transportation	10	5
Emergency Services	60	25
Other	125	40

1st is  
Apr-Sep 2000 Youth

2nd is  
Oct-Mar 2001 Youth

	1st	2nd	CD	CL	GH	GC	KI	NC	NS	NE	PE	PI	SW	SP	TM	II
Access	39	20		3	2											
Dignity and Respect	10	6		1	0			3	0			3	0		3	3
Quality/ Appropriateness	18	24		2	0			0	1			7	4		0	0
Phone calls not returned	1	5		0	0			0	3			7	7		1	0
Service Intensity, N/A, Coord	25	34		1	2			0	0			1	0		0	0
Consumer Rights	5	5		0	1			1	0			11	8		1	2
Physicians & Medications	14	5		2	0			0	1			0	1		0	0
Financial & Admin Svs	13	3		1	0			0	0			3	1		0	0
Residential	13	2		1	0			1	1			1	0		1	0
Housing	0	0		0	0			1	0			1	0		1	0
Transportation	0	1		0	0			0	0			0	0		0	0
Emergency Services	3	5		0	0			0	0			0	0		0	0
Other	16	17		0	1			0	0			0	0		0	1
<b>Total</b>	<b>157</b>	<b>127</b>		<b>11</b>	<b>6</b>			<b>4</b>	<b>29</b>			<b>1</b>	<b>1</b>		<b>1</b>	<b>0</b>
								<b>7</b>	<b>77</b>							
								<b>6</b>	<b>6</b>			<b>7</b>	<b>0</b>			
												<b>35</b>	<b>22</b>		<b>8</b>	<b>6</b>
																<b>15</b>



	Frequency per 100,000 RSN Pop				% of Avg Monthly Served				% of State Total			
	April-Sept 2000	Oct-March 2001	April-Sept 2001	Oct-March 2002	April-Sept 2000	Oct-March 2001	April-Sept 2001	Oct-March 2002	April-Sept 2000	Oct-March 2001	April-Sept 2001	Oct-March 2002
CD	33.3	30.4	0.0	0.0	4%	4%	0%	0%	4%	3%	0%	0%
CL												
GH	44.5	10.1	0.0	0.0	4%	1%	0%	0%	4%	1%	0%	0%
GC												
KI	8.6	3.5	0.0	0.0	1%	0%	0%	0%	21%	7%	0%	0%
VC												
VS	3.9	23.1	0.0	0.0	1%	4%	0%	0%	5%	23%	0%	0%
NE												
PE	9.4	11.8	0.0	0.0	1%	1%	0%	0%	4%	4%	0%	0%
PI												
SW	30.3	11.5	0.0	0.0	2%	1%	0%	0%	4%	1%	0%	0%
SP												
TM	11.0	17.3	0.0	0.0	2%	3%	0%	0%	4%	5%	0%	0%
TI												
State Tot	5.3	7.4	0.0	0.0	1%	1%	0%	0%	100%	107%	0%	0%